

# INFORMATION DISCLOSURE STATEMENT TRANSMITTAL

To Commissioner For Patents

Enclosed herewith is a Form PTO-1449, any required copies of documents listed thereon, and any concise explanation of their relevance is indicated below per 37 CFR 1.97.

Application Number	10/526861
Filing Date	03/04/05
First Named Inventor	DEEPAK S. TURAGA
Group Art Unit	
Examiner Name	
Attorney Docket Number	US 020324

☒ Please charge any required fee under §1.17(i) or §1.17(p) or any other required fee (except the issue fee) to Account No. 14-1270.

- ☐ I certify that these documents were first cited in any communication from a foreign Patent Office in a counterpart foreign application not more than three (3) months ago.
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- ☐ Applicant hereby petitions under §1.97(d) that this IDS be considered after final Action or Notice of Allowance, pays the fee under §1.17(p) as indicated below, and I certify 1. or 2. as indicated above.
- ☐ A fee under §1.17(p) is not required under §1.97(c), after the first Action on the merits and more than (3) months after the date of application or RCE, because I certify 1. or 2. as indicated above.
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☒ A copy of the U.S. patent(s) and patent application publication(s) in all U.S. national patent applications filed after June 30, 2003, and in all international applications that have entered the national stage under 35 USC § 371 after June 30, 2003 under 37 CFR 1.491(b), are not required.

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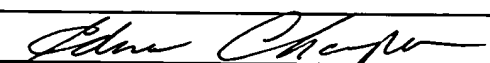
- ☒ cited in the specification or considered in drafting the specification of this application;
- ☐ previously submitted or cited in the parent application (or in a related patent application Ser. No. \_\_\_\_\_ Filing Date: \_\_\_\_\_);
- ☐ cited as an "X" or "Y" document in a foreign Patent Office search report in a foreign counterpart application, a copy of which report is also enclosed.

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Name (Print Type)	Michael E. Marion	Registration No. (Attorney/Agent)	32,266
Signature		Date	3/4/05

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Name (Print Type)	Edna Chapa	Date	3/4/05
Signature			

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**Complete if Known**

Application Number

Filing Date

**First Named Inventor**

### Art Unit

**Examiner Name**

Attorney Docket Number

10/52686

DEEPAK S. TURAGA

US 020324

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## U. S. PATENT DOCUMENTS

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Examiner Signature		Date Considered	
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\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. <sup>1</sup> Applicant's unique citation designation number (optional). <sup>2</sup> See Kinds Codes of USPTO Patent Documents at [www.uspto.gov](http://www.uspto.gov) or MPEP 901.04. <sup>3</sup> Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). <sup>4</sup> For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. <sup>5</sup> Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST.16 if possible. <sup>6</sup> Applicant is to place a check mark here if English language Translation is attached.

This collection of information is required by 37 CFR 1.97 and 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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# INFORMATION DISCLOSURE STATEMENT BY APPLICANT

***(Use as many sheets as necessary)***

**Complete if Known**

**Application Number**

**10/526861**

**Filing Date**

**First Named Inventor**

**DEEPAK S. TURAGA**

### Art Unit

**Examiner Name**

Attorney Docket Number

US 020324

Sheet

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## NON PATENT LITERATURE DOCUMENTS

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Examiner Signature		Date Considered	
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\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

1 Applicant's unique citation designation number (optional). 2 Applicant is to place a check mark here if English language Translation is attached.

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